

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | WA       |        | 08-28-01 |
| O.I.P.E. CLASSIFIER       |          | 10     | 9-5-01   |
| FORMALITY REVIEW          |          | 1020   | 09-28-01 |
| RESPONSE FORMALITY REVIEW | H-5      | 866    | 01-08-02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date     |
|----------------|----------|
| Final Original |          |
| 1              | ✓ 4/2/04 |
| 2              | ✓        |
| 3              | ✓        |
| 4              | ✓        |
| 5              | ✓        |
| 6              | ✓        |
| 7              | ✓        |
| 8              | ✓        |
| 9              | ✓        |
| 10             | ✓        |
| 11             | ✓        |
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| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
|----------------|------|
| Final Original |      |
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| 150            |      |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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5055  
 01/09/12  
 829  
 09/29